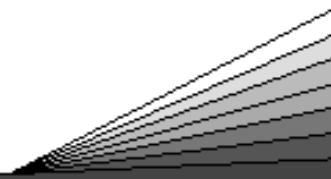


Advanced Photon Source

User Registration (for initial visit)



Name: _____ Gender (M/F): _____
Title First Middle Initial or NMI Last

Institutional affiliation: _____ Department: _____

Address: _____
Street Address or P.O. Box

City State Zip Code Country

Phone: _____ Fax: _____ Email: _____

Home address: _____

Telephone

Emergency contact: _____

Name

Address

Telephone

Country of citizenship _____ Birth date: _____

Employee, post doc, or student: _____ Social Security number (U.S.): _____

If NOT a United State citizen, please complete the following:

Type of visa: _____ Exp. date: _____ Passport#: _____ Exp. date: _____

City and country of birth: _____ Are you a resident alien? _____

Have you taken DOE General Employee Radiation training (GERT)? _____

If yes, where taken: _____ Training Date: _____

Do you currently have an ANL dosimeter? _____ If yes, where is your assigned rack: _____

Have you every worked in any capacity at Argonne National Laboratory? _____

Argonne badge number (if you remember) or the years you worked at Argonne: _____

Principal Investigator: _____ Do you work in a Howard Hughes Medical Institute laboratory? _____

Date of arrival at Argonne: _____ Scheduled beamtime: _____ Date requested for orientation: _____

CAT/Beamline affiliation: _____ APS CAT/Beamline contact: _____

Is any of your planned research proprietary or potentially proprietary? _____

Primary source of research support (check one)

☐ DOE, Office of Basic Energy Sciences

☐ DOD ☐ NASA

☐ Industry

☐ DOE, Office of Biological and Environmental Research

☐ NSF ☐ USDA

☐ Foreign

☐ DOE, Other

☐ NIH ☐ Other U.S. Government

☐ Other

Primary research interest(s) (check all that apply)

☐ Materials sciences

☐ Biological and life sciences

☐ Instrumentation or technique development related to user facilities

☐ Physics

☐ Earth sciences

☐ Purchase of specialty service(s) or material(s)

☐ Chemistry

☐ Environmental sciences

☐ Other (itemize)

☐ Polymers

☐ Optics

☐ Medical applications ☐ Engineering

Please return the completed form to the APS User Office, Bldg. 401/Rm. B1154, 9700 S. Cass Ave., Argonne, IL 60439, fax 630/252-9250.